

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 79

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)

06/05/2018

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☒ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1392494

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Lorena Gonzalez for Assembly 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chula Vista</u>	<u>CA</u>	<u>91911</u>	<u>(619)302-1907</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	

OPTIONAL: FAX/E-MAIL ADDRESS  
nhaley@thinkcpa.com

## Treasurer(s)

NAME OF TREASURER  
Nancy Haley

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	<u>760-632-3600</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Danielle Stephen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	<u>760-632-3600</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/30/2018 By Nancy R. Haley  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/30/2018 By Lorena Gonzalez  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 79

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lorena Gonzalez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Held: State Assembly Person

Assembly District

80

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

San Diego

CA

92105

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Our Voice Our Vote - Asm. Lorena Gonzalez Ballot Measure Committee

I.D.NUMBER

1385557

NAME OF TREASURER

Nancy Haley

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY  
Encinitas

STATE  
CA

ZIP CODE  
92024

AREA CODE/PHONE  
760-632-3600

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b> Page 3 of 79 I.D. NUMBER 1392494
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2018

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$321,030.70	\$629,705.70
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$321,030.70	\$629,705.70
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$3,340.17	\$3,340.17
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$324,370.87	\$633,045.87

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$199,036.03	\$323,530.21
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$199,036.03	\$323,530.21
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$4,959.64)	\$22,376.99
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$3,340.17	\$3,340.17
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$197,416.56	\$349,247.37

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
6/5/2018	\$246,072.37

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$646,037.70	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$321,030.70	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$199,036.03	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$768,032.37	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$22,376.99

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 4 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Calpine Corporation Houston, TX 77002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,800.00	\$4,600.00	2018P: \$4,400.00 2018G: \$200.00
10/12/2017	Calpine Corporation Houston, TX 77002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$4,600.00	2018P: \$4,400.00 2018G: \$200.00
9/5/2017	Genentech, Inc. South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
8/25/2017	The Hartford Advocates Fund Hartford, CT 06115 Committee ID: C00168864	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/27/2017	Barona Band of Mission Indians Lakeside, CA 92040-1516	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$320,951.70
2. Amount received this period - unitemized contributions of less than \$100 .....	\$79.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$321,030.70

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 5 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Standing Comm. on Political Edu of the CA Labor Fed. AFL-CIO Sacramento, CA 95814 Committee ID: 741504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00
8/10/2017	Comcast Financial Agency Corp. Philadelphia, PA 19103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$6,700.00	2018P: \$4,400.00 2018G: \$2,300.00
8/18/2017	Relx Inc. Newton, MA 02458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/28/2017	CA State Council of Service Employees - SCC Sacramento, CA 95814 Committee ID: 831628	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$8,800.00	\$8,800.00	2018P: \$8,800.00
9/18/2017	Takeda Pharmaceuticals USA Inc. Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>6</u> of <u>79</u>		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	Tesoro Companies, Inc. San Antonio, TX 78259-1834	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/9/2017	CA New Car Dealers Assn PAC Sacramento, CA 95814- Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
8/18/2017	DRIVE Committee Washington, DC 20001-2130 Committee ID: C00032979	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$900.00	\$4,400.00	2018P: \$4,400.00
12/31/2017	Stem Inc. Millbrae, CA 94030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,000.00	\$4,000.00	2018P: \$4,000.00
11/27/2017	CA Credit Union League PAC Ontario, CA 91761-1250 Committee ID: 760225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>7</u> of <u>79</u>
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2017	Entertainment Software Association Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/21/2017	Enterprise Holdings Inc. PAC St. Louis, MO 63105 Committee ID: C00219642	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
10/23/2017	WEHO PAC West Hollywood, CA 90069 Committee ID: 1248664	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$250.00	\$250.00	2018P: \$250.00
10/9/2017	IUPAT Political Action Together Political Committee Hanover, MD 21076-1307 Committee ID: C00000885	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$100.00	\$4,500.00	2018P: \$4,400.00 2018G: \$100.00
11/2/2017	Cooperative of American Physicians State PAC Los Angeles, CA 90071-3001 Committee ID: 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 8 of 79
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	Pol Action for Classified Employees of CA School Employees Sacramento, CA 95814 Committee ID: 761128	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$3,900.00	2018P: \$3,900.00
11/2/2017	CGI Technologies & Solutions Inc. PAC Fairfax, VA 22030 Committee ID: C00354241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/9/2017	CA Academy of Family Physicians PAC San Francisco, CA 94109-2627 Committee ID: 1258616	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
8/10/2017	State Coalition of Probation Organizations PAC Sacramento, CA 95826 Committee ID: 911856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$4,000.00	2018P: \$4,000.00
12/11/2017	Redwood Electric Group Santa Clara, CA 95051	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>79</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Yocha Dehe Wintun Nation Brooks, CA 95606-0018	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2018P: \$3,000.00
10/30/2017	AbbVie, Inc. North Chicago, IL 60064-1802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
8/9/2017	Sunovion Marlborough, MA 01752-7010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/11/2017	Deborah Castello Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
10/30/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$800.00	\$4,400.00	2018P: \$4,400.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 10 of 79

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2018

I.D. Number  
1392494

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	SEIU United Healthcare Workers West PAC Los Angeles, CA 90017 Committee ID: 747285	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00
9/27/2017	CRC Services, LLC Northridge, CA 91328	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/23/2017	Robert Fellmeth Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of San Diego Professor of Law	\$100.00	\$100.00	2018P: \$100.00
9/11/2017	Edwards Lifesciences LLC Santa Ana, CA 92711-1150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/29/2017	Am. Fed. of State County & Municipal Employees (AFSCME) Washington, DC 20036-5665 Committee ID: 960772	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$8,800.00	\$8,800.00	2018P: \$8,800.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>79</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Bristol-Myers Squibb Company Tampa, FL 33622	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/11/2017	Randall D. Cady San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$2,500.00	\$2,500.00	2018P: \$2,500.00
7/24/2017	Biocom PAC San Diego, CA 92119-1695 Committee ID: 963088	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,151.70	\$3,000.00	2018P: \$3,000.00
12/14/2017	CA Assn of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 Committee ID: 1235948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
12/30/2017	Plumbers & Pipefitters Local 447 - SCC Sacramento, CA 95819 Committee ID: 822258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>12</u> of <u>79</u>		I.D. Number 1392494

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Valco Property Owner, LLC Palo Alto, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00
8/28/2017	Cardinal Health Inc. PAC (CHC-PAC) Dublin, OH 43017 Committee ID: C00332833	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/27/2017	CA Assn of Health Facilities PAC Sacramento, CA 95816-4922 Committee ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/8/2017	Heat & Frost Insulators & Allied Workers Local #5 PAC- SCC Azusa, CA 91702-2628 Committee ID: 1232371	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
8/14/2017	Pacific Water Quality Association Sacramento, CA 95814 Committee ID: 790725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>13</u> of <u>79</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	MSG Sports & Entertainment LLC New York, NY 10121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2018P: \$3,000.00
8/18/2017	Encore Capital Group, Inc. San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
8/25/2017	The Alliance for Solar Choice (TASC) San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/21/2017	GreenbergTraurig Doral, FL 33166	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/14/2017	Vertex Pharmaceuticals Inc. Boston, MA 02210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>14</u> of <u>79</u>
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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9/5/2017	CA Apartment Assn PAC (CAAPAC Candidate Acct) Sacramento, CA 95814-2720 Committee ID: 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,200.00	\$2,500.00	2018P: \$2,500.00
7/7/2017	Assn for Los Angeles Deputy Sheriffs State PAC Monterey Park, CA 91755-7406 Committee ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$6,000.00	2018P: \$4,400.00 2018G: \$1,600.00
11/9/2017	CA Life Sciences Assn PAC Sacramento, CA 95814 Committee ID: 1272633	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$4,000.00	2018P: \$4,000.00
8/2/2017	Assn for Los Angeles Deputy Sheriffs State PAC Monterey Park, CA 91755-7406 Committee ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,400.00	\$6,000.00	2018P: \$4,400.00 2018G: \$1,600.00
9/21/2017	Pol Action for Classified Employees of CA School Employees Sacramento, CA 95814 Committee ID: 761128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$3,900.00	2018P: \$3,900.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>15</u> of <u>79</u>
I.D. Number 1392494		

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NAME OF FILER  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Nossaman, LLP Los Angeles, CA 90017-5800	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
12/14/2017	Personal Insurance Fed of CA Agents & Employees PAC Sacramento, CA 95814-3991 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$2,600.00	2018P: \$2,600.00
12/21/2017	Cannabis Action PAC Oakland, CA 94618 Committee ID: 1365391	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/8/2017	Californians Allied for Patient Protection PAC Sacramento, CA 95814-3948 Committee ID: 920780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,000.00	2018P: \$2,000.00
9/21/2017	Verizon Tulsa, OK 74121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,200.00	\$4,200.00	2018P: \$4,200.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>79</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Best Best & Krieger LLP Riverside, CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/11/2017	Patrick J. Geary Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edenbridge, Inc. President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/14/2017	Assn of CA State Supervisors PAC Sacramento, CA 95814-4602 Committee ID: 1303937	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/7/2017	CA Pawnbrokers Assn PAC Sacramento, CA 95814-3228 Committee ID: 743255	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$3,000.00	2018P: \$3,000.00
9/27/2017	Astellas Pharma US, Inc. Northbrook, IL 60062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,250.00	\$1,250.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER  
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7/14/2017	SUN PAC - CA Solar Energy Ind. Assn. Sacramento, CA 95814 Committee ID: 961083	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/27/2017	Novartis Finance Corp. Fort Worth, TX 76134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$4,000.00	2018P: \$4,000.00
8/25/2017	American Insurance Association PAC Washington, DC 20004 Committee ID: 871697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
8/7/2017	Western States Council of Sheet Metal Workers PAC-SCC Sacramento, CA 95814-4602 Committee ID: 851706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$4,250.00	\$8,500.00	2018P: \$8,500.00
10/13/2017	The Boeing Company PAC Arlington, VA 22202 Committee ID: C00142711	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 18 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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10/12/2017	PG&E Corporation San Francisco, CA 94105-1814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,800.00	\$4,400.00	2018P: \$4,400.00
9/8/2017	PG&E Corporation San Francisco, CA 94105-1814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$4,400.00	2018P: \$4,400.00
9/8/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$4,400.00	2018P: \$4,400.00
12/11/2017	Richard Furtado Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	South Bay Construction, Inc. Construction	\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
10/30/2017	Manatt, Phelps & Phillips, LLP Los Angeles, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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10/12/2017	Bank of America State & Federal PAC Wilmington, DE 19884 Committee ID: 1357000	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
7/27/2017	Professional Engineers in CA Gov't. (PECG-PAC) Sacramento, CA 95814-4425 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$4,000.00	2018P: \$4,000.00
8/2/2017	Assn for Los Angeles Deputy Sheriffs State PAC Monterey Park, CA 91755-7406 Committee ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,600.00	\$6,000.00	2018P: \$4,400.00 2018G: \$1,600.00
12/21/2017	Consumer Attorney's PAC Sacramento, CA 95814-3396 Committee ID: 760231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00
9/14/2017	CA Independent Petroleum Assn (CIPAC State PAC) Irvine, CA 92618 Committee ID: 822237	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>20</u> of <u>79</u>
		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Employees of Northrop Grumman Corp. PAC (ENGPAC) Falls Church, VA 22042 Committee ID: 1381043	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/30/2017	Personal Insurance Fed of CA Agents & Employees PAC Sacramento, CA 95814-3991 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$2,600.00	2018P: \$2,600.00
11/6/2017	CA Real Estate PAC-CA Assn of Realtors (CREPAC) -SCC Los Angeles, CA 90020-1403 Committee ID: 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/10/2017	Recurrent Energy Development Holdings LLC San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$2,600.00	2018P: \$2,600.00
12/5/2017	The GlaxoSmithKline PAC Research Triangle Pa, NC 27709 Committee ID: C00199703	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	CA State Assn of Electrical Workers- SCC Orange, CA 92868-1855 Committee ID: 743107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$8,500.00	\$8,500.00	2018P: \$8,500.00
10/30/2017	Southern California Edison & Subsidiaries Rosemead, CA 91770-0700	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00
9/21/2017	Affordable Housing PAC Agoura Hills, CA 91301 Committee ID: 1349036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
11/15/2017	Californians Allied for Patient Protection PAC Sacramento, CA 95814-3948 Committee ID: 920780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,000.00	2018P: \$2,000.00
7/14/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$4,400.00	2018P: \$4,400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Pharmaceutical Research & Manufacturers Assn of Am PAC Sacramento, CA 95814-3946 Committee ID: 1282378	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
7/11/2017	John H. Scully Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SPO Partners & Company Investment Banker	\$3,000.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** CCSA Advocates for Great Public Schools San Rafael, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A			
10/30/2017	Philips North America LLC PAC Washington, DC 20001 Committee ID: 1367728	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/27/2017	Del Mar Thoroughbred Club Del Mar, CA 92014-0700	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Axcess Financial Services, Inc. Cincinnati, OH 45236-4291	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,300.00	\$3,300.00	2018P: \$3,300.00
12/11/2017	Richard Furtado Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	South Bay Construction, Inc. Construction	\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
10/30/2017	Advanced California PAC Washington, DC 20004 Committee ID: 1347389	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/27/2017	California Financial Service Providers PAC Sacramento, CA 95814 Committee ID: 901491	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
7/17/2017	Western States Council of Sheet Metal Workers PAC-SCC Sacramento, CA 95814-4602 Committee ID: 851706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$4,250.00	\$8,500.00	2018P: \$8,500.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
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12/31/2017	King's Casino Mgmt. Corp. Citrus Heights, CA 95621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
7/14/2017	State Coalition of Probation Organizations PAC Sacramento, CA 95826 Committee ID: 911856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$4,000.00	2018P: \$4,000.00
9/8/2017	CA Commerce Club Inc. Commerce, CA 90040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/31/2017	Farmers Group, Inc Woodland Hills, CA 91367	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/14/2017	Peace Officers Research Assn of CA PAC (PORAC)- SCC Sacramento, CA 95834-3725 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$2,600.00	2018P: \$2,600.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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12/11/2017	Michael B. Cady San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self; Michael B. Cady Land Marketing Real Estate	\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/7/2017	Calpine Corporation Houston, TX 77002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$200.00	\$4,600.00	2018P: \$4,400.00 2018G: \$200.00
12/29/2017	Plumbers & Steamfitters Local 467 State & Pol Action Fund - SCC Burlingame, CA 94010 Committee ID: 782481	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$5,000.00	\$5,000.00	2018P: \$5,000.00
9/27/2017	CA Cattlemen's Association PAC (CATTLE-PAC) Sacramento, CA 95814 Committee ID: 760980	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
9/21/2017	CA Association of Dental Plans PAC Sacramento, CA 95814 Committee ID: 1305436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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9/8/2017	Professional Engineers in CA Gov't. (PECG-PAC) Sacramento, CA 95814-4425 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$4,000.00	2018P: \$4,000.00
8/7/2017	Advance America Spartanburg, SC 29306-5138	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/7/2017	Pepsico, Inc. & Affiliated Entities Purchase, NY 10577-1401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
9/5/2017	Visa Austin, TX 78720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
8/18/2017	Chevron Corporation San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,900.00	\$6,400.00	2018P: \$4,400.00 2018G: \$2,000.00
<b>SUBTOTAL</b>						

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Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

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12/11/2017	Deborah Castello Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
12/21/2017	Chevron Corporation San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$6,400.00	2018P: \$4,400.00 2018G: \$2,000.00
8/18/2017	Sanofi US Services Inc. Emp. PAC Bridgewater, NJ 08807 Committee ID: C00144345	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
11/9/2017	Coca-Cola North America Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/12/2017	Merck Sharp & Dohme Corp. Whitehouse Station, NJ 08889	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
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9/8/2017	Plumbers & Steamfitters Local Union 230 PAC- SCC San Diego, CA 92121-2247 Committee ID: 891894	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2018P: \$2,500.00
8/18/2017	TechNet California PAC Burlingame, CA 94010-4443 Committee ID: 970849	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
9/14/2017	UPSPAC Atlanta, GA 30328 Committee ID: C00064766	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
12/11/2017	Redwood Electric Group Santa Clara, CA 95051	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
7/25/2017	IBEW Local Union No. 11 PAC Pasadena, CA 91101 Committee ID: 822725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$8,500.00	\$8,500.00	2018P: \$8,500.00
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SCHEDULE A (CONT.)

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9/5/2017	Political Action by Pest Control Operators Sacramento, CA 95814-3963 Committee ID: 790454	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/16/2017	Viejas Tribal Government Alpine, CA 91901-1605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,200.00	\$4,200.00	2018P: \$4,200.00
9/5/2017	CA Refuse Recycling Council North PAC Sacramento, CA 95814 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/9/2017	IUPAT Political Action Together Political Committee Hanover, MD 21076-1307 Committee ID: C00000885	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,400.00	\$4,500.00	2018P: \$4,400.00 2018G: \$100.00
12/7/2017	United Auburn Indian Community of the Auburn Rancheria Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>30</u> of <u>79</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Amgen Inc. State Political Contributions Acct. Alexandria, VI 22303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/14/2017	Lucky Chances Inc. Colma, CA 94014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,000.00	\$4,000.00	2018P: \$4,000.00
12/11/2017	Michael Lodoen Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$2,500.00	\$2,500.00	2018P: \$2,500.00
11/29/2017	Pol Action for Classified Employees of CA School Employees Sacramento, CA 95814 Committee ID: 761128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$3,900.00	2018P: \$3,900.00
11/6/2017	Waste Management & Affiliated Entities Sun Valley, CA 91352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>31</u> of <u>79</u>
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2017	DaVita HealthCare Partners Inc. & Affiliated Entities Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/27/2017	Comcast Financial Agency Corp. Philadelphia, PA 19103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$6,700.00	2018P: \$4,400.00 2018G: \$2,300.00
12/11/2017	Southwest Regional Council of Carpenters Pol Action Fund -SCC Los Angeles, CA 90071-1715 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
9/8/2017	Calpine Corporation Houston, TX 77002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$4,600.00	2018P: \$4,400.00 2018G: \$200.00
7/20/2017	Comcast Financial Agency Corp. Philadelphia, PA 19103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$6,700.00	2018P: \$4,400.00 2018G: \$2,300.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>32</u> of <u>79</u>
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	New Car Dealers Association PAC San Diego, CA 92121 Committee ID: 902797	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2018P: \$2,000.00
9/21/2017	CA Pharmacists PAC San Rafael, CA 94901 Committee ID: 1291777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
9/5/2017	Pfizer, Inc. Memphis, TN 38115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2018P: \$3,000.00
12/7/2017	Eli Lilly and Company PAC Indianapolis, IN 46285-0001 Committee ID: C00082792	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,400.00	\$4,400.00	2018P: \$4,400.00
10/30/2017	Covanta Energy LLC Morristown, NJ 07960	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>33</u> of <u>79</u>
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	CASE PAC Sacramento, CA 95814-4602 Committee ID: 840154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2018P: \$1,300.00
12/7/2017	Communications Frontier Norwalk, CT 06851	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2018P: \$3,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$320,951.70		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2017</u>  through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>35</u> of <u>79</u>
I.D. Number 1392494	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>36</u> of <u>79</u>	I.D. Number 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Biocom PAC San Diego, CA 92119-1695  Committee ID: 963088	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$848.30	\$3,000.00	2018P: \$3,000.00
7/11/2017	T-Mobile USA Inc. Bellevue, WA 98006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$1,086.87	\$1,086.87	2018P: \$1,086.87
9/21/2017	Cox Communications & Affiliated Entities San Diego, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$1,405.00	\$1,405.00	2018P: \$1,405.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$3,340.17

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$3,340.17
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL</b> \$3,340.17

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2018

I.D. NUMBER

1392494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/6/2017	Payee Name: Sharon Quirk-Silva for Assembly 2018 Candidate Name: Sharon Quirk-Silva State Assembly Person District 65 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	Void: Never Cashed	(\$8,800.00)	\$0.00	2018P: \$0.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/1/2017	San Diego County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$10,750.00	2018P: \$10,750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/1/2017	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$36,500.00	\$38,196.80	2018P: \$38,196.80
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$62,776.78
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$62,776.78

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>38</u> of <u>79</u>
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Payee Name: Wendy Carrillo for Assembly 2017 Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$8,800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/9/2017	Payee Name: Abigail Medina for School Board 2017 Candidate Name: Abigail Medina School Board Jurisdiction: City of San Bernardino	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2018P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2017	San Diego County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$750.00	\$10,750.00	2018P: \$10,750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2017	Payee Name: Tasha Boerner Horvath for Assembly 2018 Candidate Name: Tasha Boerner Horvath State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$4,000.00	2018P: \$4,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
 1392494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2017	Payee Name: Kevin de Leon for US Senate Candidate Name: Kevin de Leon US Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2018P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/7/2017	Payee Name: Dr. Ed Hernandez for CA Lt. Gov. 2018 Candidate Name: Ed Hernandez Lieutenant Governor Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2018P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/7/2017	Payee Name: Fiona Ma for State Treasurer 2018 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2018P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	Payee Name: Tasha Boerner Horvath for Assembly 2018 Candidate Name: Tasha Boerner Horvath State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$4,000.00	2018P: \$4,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Payee Name: Rochelle Pardue-Okimoto for Assembly 2018 Candidate Name: Rochelle Pardue-Okimoto State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2018P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	Payee Name: Nora Campos for Senate 2020 Candidate Name: Nora Campos State Senator District 15 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$3,000.00	2018P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/28/2017	Payee Name: Patty Lopez for Assembly 2018 Candidate Name: Patty Lopez State Assembly Person District 39 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/31/2017	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	2018 Candidate Endorsement Fee	\$250.00	\$38,196.80	2018P: \$38,196.80
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Payee Name: Becerra for Attorney General 2018 Candidate Name: Xavier Becerra Attorney General Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Community Leader Engagement Lunch	\$1,276.78	\$1,276.78	2018P: \$1,276.78
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$62,776.78

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b>  Page 42 of 79
I.D. NUMBER 1392494		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Julio Rivera El Cajon, CA 92021	MTG		6/29/17: Pizza for Interns/JLP Students	\$107.21
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
eFundraising Connections Sacramento, CA 95816	OFC			\$2.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$198,806.99
2. Unitemized payments made this period of under \$100.	\$229.04
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL</b> \$199,036.03

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 43 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections Sacramento, CA 95816	OFC			\$9.38
Sharon Quirk-Silva for Assembly 2018 Fullerton, CA 92834	CTB		Void: Never Cashed	(\$8,800.00)
Committee ID: 1392962 eFundraising Connections Sacramento, CA 95816	OFC			\$54.76
Laurel Brodzinsky Sacramento, CA 95811	MTG			\$53.86
American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$1,066.08

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b>  Page 44 of 79
I.D. NUMBER 1392494		

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO			\$2,567.48
American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$467.38
Evan McLaughlin Sacramento, CA 95822	MTG		7/28/17: Leg Lunch Mtg. w/Candidate +11	\$292.08
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$23,542.00
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO			\$2,863.37

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 12/31/2017		Page 45 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
eFundraising Connections Sacramento, CA 95816	OFC			\$2.93
American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$3,228.56
River Cats Foundation Sacramento, CA 95814	CVC			\$1,200.00
Judy K Walsh-Jackson Chula Vista, CA 91910-6726	CNS			\$1,500.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Howard Quan Elk Grove, CA 95624	MTG			\$145.22
Tierra Gonzalez Hammonds San Diego, CA 92105	MTG		9/4/17: Post Rally Lunch w/Candidate +2 Staff	\$149.00
Kristal Graphics Canoga Park, CA 91303-1852	CMP			\$99.96
Kristal Graphics Canoga Park, CA 91303-1852	CMP			\$1,256.41
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO			\$2,550.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2018

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CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*

CVC civic donations  
FIL candidate filing/ballot fees

FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gabriel Castellanos Jr. Sacramento, CA 95814-3989	FND		See Sch. G	\$163.20
American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$19,571.66
Judy K Walsh-Jackson Chula Vista, CA 91910-6726	CNS			\$1,500.00
San Diego County Democratic Party San Diego, CA 92111-1320	CTB			\$10,000.00
Committee ID: 741906 California Democratic Party Sacramento, CA 95811	CTB			\$36,500.00
Committee ID: 741666				

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO			\$2,567.68
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
Time Printing Solutions Provider Sacramento, CA 95814	PRT			\$223.00
Wendy Carrillo for Assembly 2017 Fullerton, CA 92835	CTB			\$4,400.00
Committee ID: 1396972				

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 49 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Abigail Medina for School Board 2017 Highland, CA 92346	CTB			\$2,000.00
Committee ID: 1394764 San Diego County Democratic Party San Diego, CA 92111-1320	CTB			\$750.00
Committee ID: 741906 Judy K Walsh-Jackson Chula Vista, CA 91910-6726	OFC			\$103.45
Tasha Boerner Horvath for Assembly 2018 Encinitas, CA 92024	CTB			\$1,000.00
Committee ID: 1399301 American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$3,298.34

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b>  Page 50 of 79
I.D. NUMBER 1392494		

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kevin de Leon for US Senate Long Beach, CA 90807	CTB			\$1,000.00
Committee ID: C00658773 David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$12,540.00
Kristal Graphics Canoga Park, CA 91303-1852	CMP			\$4,064.50
Francine Maigue Chula Vista, CA 91911-6144	MTG			\$61.43
Judy K Walsh-Jackson Chula Vista, CA 91910-6726	CNS			\$1,500.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 51 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

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Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dr. Ed Hernandez for CA Lt. Gov. 2018 Los Angeles, CA 90027	CTB			\$1,000.00
Committee ID: 1374488 Fiona Ma for State Treasurer 2018 San Francisco, CA 94122	CTB			\$1,000.00
Committee ID: 1384474 Evan McLaughlin Sacramento, CA 95822	MTG			\$179.74
American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$2,506.78
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO			\$2,581.44
Center On Policy Initiatives San Diego, CA 92108	CVC			\$1,000.00
Tierra Gonzalez Hammonds San Diego, CA 92105	MTG		11/13/17: Pol Mtg w/Candidate +3 Guests	\$142.06
High Tech High Chula Vista Chula Vista, CA 91915	CVC			\$150.00
Judy K Walsh-Jackson Chula Vista, CA 91910-6726	CNS			\$1,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 53 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO			\$2,550.00
DeFrance Printing National City, CA 91950-5504	LIT	See Sch. G		\$20,856.59
Elevate LLC San Diego, CA 92127-1678	CNS			\$2,085.66
Tasha Boerner Horvath for Assembly 2018 Encinitas, CA 92024	CTB			\$3,000.00
Committee ID: 1399301 Rochelle Pardue-Okimoto for Assembly 2018 Sacramento, CA 95841	CTB			\$2,000.00
Committee ID: 1398386				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 54 of 79
NAME OF FILER Lorena Gonzalez for Assembly 2018		I.D. NUMBER 1392494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nora Campos for Senate 2020 Sacramento, CA 95814	CTB			\$3,000.00
Committee ID: 1377753				
Patty Lopez for Assembly 2018 Long Beach, CA 90802	CTB			\$4,400.00
Committee ID: 1400606				
eFundraising Connections Sacramento, CA 95816	OFC			\$5.00
American Express Los Angeles, CA 90096-8000	OFC		See Sch. G for Expenditures over \$100	\$3,219.66
Evan McLaughlin Sacramento, CA 95822	MTG			\$357.49

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>55</u> of <u>79</u>
I.D. NUMBER 1392494		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
California Democratic Party Sacramento, CA 95811	CTB		2018 Candidate Endorsement Fee	\$250.00
Committee ID: 741666 Evan McLaughlin Sacramento, CA 95822	TRS		Airfare: CDP Convention	\$220.88

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$198,806.99

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2017  
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Julio Rivera El Cajon, CA 92021	MTG 6/29/17: Pizza for Interns/JLP Students	\$107.21	\$0.00	\$107.21	\$0.00
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO	\$2,567.48	\$0.00	\$2,567.48	\$0.00
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS	\$23,542.00	\$0.00	\$23,542.00	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$22,376.99
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$27,336.63
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$4,959.64)  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express Los Angeles, CA 90096-8000	OFC See Sch. G for Expenditures over \$100	\$1,066.08	\$0.00	\$1,066.08	\$0.00
Scott & Cronin, LLP Encinitas, CA 92024-8705	PRO	\$0.00	\$2,585.94	\$0.00	\$2,585.94
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS	\$0.00	\$9,345.00	\$0.00	\$9,345.00
American Express Los Angeles, CA 90096-8000	OFC See Sch. G for Expenditures over \$100	\$0.00	\$10,446.05	\$0.00	\$10,446.05
<b>SUBTOTALS</b>		\$27,282.77	\$22,376.99	\$27,282.77	\$22,376.99

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 58 of 79

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$224.83
Allegra Print & Imaging San Diego, CA 92108-4403	CMP			\$632.49
Mariscos El Pulpo II San Diego, CA 92101	MTG	12/18/17 Leg Mtg. w/Candidate +17 Staff		\$453.62
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$224.79

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1535.73

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 59 of 79

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton San Diego Bayfront San Diego, CA 92101-7897	MTG		10/29/17: Leg Mtg w/Candidate, 3 Members & 2 Spouses	\$316.45
Southwest Airlines Dallas, TX 75235-1908	TRC		08/28/17 - SMF-SAN for SD Co. Dem Party Central Area Mtg.	\$169.17
Political Data, Inc. Norwalk, CA 90652-0570	LIT			\$250.00
Brasserie Capitale Sacramento, CA 95814	FND			\$1,739.22

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2474.84

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 60 of 79

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

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American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brasserie Capitale Sacramento, CA 95814	MTG		08/08/17 Pol Mtg w/Candidate +1	\$202.52
Environmental Health Coalition National City, CA 91950	CVC			\$100.00
Hotel Del Coronado Coronado, CA 92118	FND			\$631.31
Zorbas Greek Cuisine Chula Vista, CA 91910	MTG		11/8/17: Women's Roundtable Lunch w/Candidate +17 Guests	\$257.06

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1190.89

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	TRC		8/28/17: SMF-SAN for Pol Mtg.	\$121.99
Susan G. Komen San Diego San Diego, CA 92123	CVC			\$100.00
1500 Ocean at the Del Coronado, CA 92118	FND		8/24/17: Dinner w/Candidate + 25 Guests	\$3,779.54
TableVine Rest. Sacramento, CA 95814	MTG		9/13/17: Pol Mtg w/Candidate + 6 Members	\$370.31

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4371.84

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 62 of 79

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Baci Restaraunt San Diego, CA 92110	FND			\$1,276.78
Hotel Del Coronado Coronado, CA 92118	FND		8/24/17: Includes Lodging for Candidate +1 Family Member	\$2,136.87
Oishi Sushi & Heartbeat KTV Sacramento, CA 95814-3831	FND			\$457.01
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$246.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4117.12

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 63 of 79

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ironside Fish & Oyster Bar San Diego, CA 92101-2516	MTG		12/13/17: Leg Mtg w/Candidate +2 Members	\$108.32
Alliance San Diego San Diego, CA 92112	CVC			\$650.00
Pizza Rock Sacramento, CA 95814-3804	FND			\$795.45
San Diego Van Service San Diego, CA 92109	MTG		12/18/17 Rental Fee for Leg Tour of District during Staff Workshop	\$879.75

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2433.52

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brasserie Capitale Sacramento, CA 95814	FND			\$325.59
NationBuilder Los Angeles, CA 90071	WEB			\$149.00
NationBuilder Los Angeles, CA 90071	WEB			\$149.00
Tender Greens San Diego, CA 92101	MTG	12/19/17 Leg Mtg w/Candidate +16 Staff		\$388.43

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1012.02

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NationBuilder Los Angeles, CA 90071	WEB			\$149.00
Southwest Airlines Dallas, TX 75235-1908	TRC		12/06/17: SAN-SMF for Leg Duties	\$123.20
Brasserie Capitale Sacramento, CA 95814	MTG			\$104.87
Silicon Valley Athletic Club San Jose, CA 95112	FND			\$863.69

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1240.76

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

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Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Buckhorn Grill Sacramento, CA 95811	MTG		8/27/17: Leg Mtg w/Candidate +8 Staff	\$284.80
Sugarfish by Sushi Nozawa Los Angeles, CA 90017	MTG		12/15/17 Leg Mtg w/Candidate, Family Member & 1 Guest	\$175.92
Pizza Rock Sacramento, CA 95814-3804	MTG		9/7/17 Leg Mtg w/Candidate +13 Staff	\$156.14
Pizza Rock Sacramento, CA 95814-3804	MTG		9/14/17 Leg Mtg w/Candidate +13 Staff	\$160.21

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$777.07

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oishi Sushi & Heartbeat KTV Sacramento, CA 95814-3831	MTG		10/30/17: Leg Mtg w/Candidate +5 Staff	\$114.91
The Lodge at Torrey Pines La Jolla, CA 92037	TRC		11/6/17 Lodging for Legislative Event w/Family Member	\$175.41
Ella Dining Room & Bar Sacramento, CA 95814-3904	MTG		1/11/18: Pol Mtg w/Candidate, Family Member, 1 Staff & 1 Supporter	\$211.73
NationBuilder Los Angeles, CA 90071	WEB			\$149.00

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**TOTAL\*** \$651.05

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# Schedule G

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SCHEDULE G

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1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$283.65
Apple Store Sacramento, CA 95815-4030	OFC			\$162.81
Bully's East San Diego, CA 92108-3701	MTG		10/9/17: Leg Mtg w/Candidate +1 Supporter	\$112.12
Hilton San Diego Bayfront San Diego, CA 92101-7897	TRS		Lodging Cancellation Fee	\$119.18

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$677.76

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

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SCHEDULE G

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NationBuilder Los Angeles, CA 90071	WEB			\$149.00
Southwest Airlines Dallas, TX 75235-1908	TRC		9/1/17: SMF-SNA for Leg Duties	\$229.98
NOBU San Diego San Diego, CA 92101	MTG		11/03/17 Leg Mtg. w/Candidate, Family Member, 1 Member & Spouse	\$453.90
Sacramento Press Club Sacramento, CA 95819	MTG		Staff Event w/Former US Senator	\$349.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1181.88

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Azuki Sushi San Diego, CA 92101	MTG		08/11/17 Pol Mtg w/Candidate +1	\$200.25
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$246.56
Hilton San Diego Bayfront San Diego, CA 92101-7897	MTG		12/15/17 Leg Mtg w/Candidate, Family Member & 2 Supporters	\$159.01
Ella Dining Room & Bar Sacramento, CA 95814-3904	FND			\$477.28

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1083.10

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chiquitas Mexican Restaraunt San Diego, CA 92105	MTG		Annual Holiday Diaper Drive	\$2,594.13
Hilton San Diego Bayfront San Diego, CA 92101-7897	TRS		12/17-12/18/17 Staff Lodging for Annual Holiday Diaper Drive & Staff Workshop	\$1,834.59
Donovan's Steak & Chop House San Diego, CA 92101	MTG		8/11/17: Leg Mtg. w/Candidate +1 Supporter	\$273.43
Hotel Del Coronado Coronado, CA 92118	FND		Guest Lodging for 8/24/17 Event	\$5,061.34

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9763.49

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SCHEDULE G

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox Sports Grill San Diego, CA 92101	MTG		12/17/17: Staff Workshop w/Candidate +17	\$861.89
Bangkok @ 12 Thai Rest. Sacramento, CA 95814	MTG		9/7/17 Leg Mtg w/Candidate +4 Members	\$406.77
Sheraton Grand Los Angeles Los Angeles, CA 90017	TRC		12/15-12/16/17 Lodging for Leg Mtgs w/Family Member	\$403.41
Ella Dining Room & Bar Sacramento, CA 95814-3904	FND			\$455.13

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**TOTAL\*** \$2127.20

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NationBuilder Los Angeles, CA 90071	WEB			\$298.00
Ironside Fish & Oyster Bar San Diego, CA 92101-2516	MTG	9/21/17: Pol Mtg w/Candidate, Family Member +2		\$209.73
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$257.95
Osaka Japanese Food & Sushi Sacramento, CA 95814-3950	MTG	1/3/18 Leg Mtg w/Candidate, Family Member & 4 Members		\$137.35

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$903.03

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**FPPC Form 460 (June/01)**  
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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amtrak Washington, DC 20002-4214	TRC		8/24/17: LAX-SAN for Leg. Duties	\$111.00
Hilton San Diego Bayfront San Diego, CA 92101-7897	TRS		09/15/17: Lodging for FND Staff, 8/24/17 Event	\$909.69
Pizza Rock Sacramento, CA 95814-3804	MTG			\$128.04
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$224.79

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1373.52

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

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FORM **460**

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spa at the Del Coronado, CA 92118	FND		Guest Amenities at 8/24/17 Event	\$1,837.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1837.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

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NAME OF FILER  
Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Gabriel Castellanos Jr.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	TRS		8/24-8/25/17 SMF-SAN for FND Event	\$163.20

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$163.20

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

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Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
DeFrance Printing

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Post Office San Diego, CA 92128-	POS			\$9,241.95

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9241.95

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
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Lorena Gonzalez for Assembly 2018

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1392494

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2017  
through 12/31/2017

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Lorena Gonzalez for Assembly 2018

I.D. NUMBER  
1392494

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

## Schedule I Summary

- Increases to cash of \$100 or more this period..... \$ .00
- Unitemized increases to cash under \$100 this period..... \$ .00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ .00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$ .00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC